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CONFIRMATION NO. 3797

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/689,006	<b>FILING OR 371(c) DATE</b> 10/20/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> 1242/72
<b>APPLICANTS</b> Dennis E. Hallahan, Nashville, TN; Raymond Mernaugh, Nashville, TN;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/914,605 11/09/2001 PAT 7,049,140 and is a CIP of 10/259,087 09/27/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 12/08/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 66
<b>INDEPENDENT CLAIMS</b> 8				
<b>ADDRESS</b> 25297				
<b>TITLE</b> PHAGE ANTIBODIES TO RADIATION-INDUCIBLE NEOANTIGENS				
<b>FILING FEE RECEIVED</b> 1079	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

8-9-01